

<b>CCC-299</b> (05-25-00) <b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation  <b>TITLE OPINION - FARM STORAGE FACILITY LOAN PROGRAM</b> <i>(See Page 2 for Privacy Act and Public Burden Statements)</i>	1. STATE CODE	2. COUNTY CODE
	3. SERIAL NUMBER	

**PART A - PRELIMINARY TITLE OPINION****TO THE TITLE EXAMINER:**

(1) \_\_\_\_\_  
(Applicant's Name and Address)

\_\_\_\_\_ has applied for a loan under the Farm Storage Facility Loan Program. The loan would be secured by a (2) **FIRST LIEN** ☐ (3) **SECOND LIEN** ☐, subject only to the prior lien of (4) \_\_\_\_\_, against the real property described on the attached schedule.

**PART B - CERTIFICATION OF TITLE EXAMINER**

Based on my examination of the title to the real estate described on the attached schedule, I am of the opinion that the above-named person can convey the lien indicated above, **SUBJECT ONLY TO:**

- a. Taxes and assessments not yet due.
- b. Outstanding oil and mineral rights.
- c. Easements and rights of way which do not affect the construction or utility of said storage or drying facilities.

**AND FURTHER SUBJECT TO** the joinder, release or subordination of the following described persons or interest:

4. NAME OF TITLE EXAMINER	5. THIS TITLE IS CERTIFIED TO AS OF
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**PART C - FINAL TITLE OPINION**

RE: Mortgage, deed of trust, or other security instrument executed in favor of the Commodity Credit Corporation, described as follows:

\_\_\_\_\_ duly filed for record in the County of (4) \_\_\_\_\_  
(1) Mortgagor(s) (2) Month & Day (3) Year  
\_\_\_\_\_, State of (5) \_\_\_\_\_ on the (6) \_\_\_\_\_ day of \_\_\_\_\_ (7) Month (8) Year, and recorded  
in Book (9) \_\_\_\_\_ Page (10) \_\_\_\_\_. Recorder's document or filing number (11) \_\_\_\_\_. (Show either book and page or document number.)

I certify that the above described instrument constitutes a valid (12) **FIRST LIEN** ☐ (13) **SECOND LIEN** ☐, against the real property described on the attached schedule, subject only to Exceptions Part B Items a through c above.

6. TITLE EXAMINER'S NAME AND ADDRESS	7. DATE OF CERTIFICATION (MM-DD-YYYY)
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**NOTE TO TITLE EXAMINER:** All actions necessary to remove, eliminate, or cure defects and objections or to satisfy or discharge items and encumbrances must be completed before the final opinion portion of this document is executed.

**PART D - COUNTY OFFICE INFORMATION**

8A. SIGNATURE OF FSA COUNTY OFFICE OFFICIAL	9. FSA COUNTY OFFICE NAME AND ADDRESS (Including Zip code)
8B. TITLE	
8C. DATE (MM-DD-YYYY)	TELEPHONE NUMBER (Include Area code):

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 1436 and the Commodity Credit Corporation Charter Act, 5 USC 714 et. seq. The information was used to determine eligibility for CCC financing for farm, storage and drying equipment. Furnishing the requested information is voluntary; however, without it CCC financing under the program cannot be provided. Failure to furnish the requested information will result in denial of CCC financing under this program. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 71m; and 31 USC 3729, may be applicable to the information provided.*

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0204. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***